



**Indiana**  
**Department**  
**of**  
**Health**

# EHDI ALERT RESPONSE SYSTEM (EARS)

MONTHLY SUMMARY REPORT TRAINING  
(MSR)

*Presented by the Indiana Early  
Hearing Detection and Intervention  
Program*

## OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

## OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



# Learning Objectives

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- Participants will learn Indiana EHDI goals of “1-3-6” and the importance of newborn hearing screening and follow-up.
- Participants will learn the birthing hospital’s reporting requirements into EARS and the monthly summary report.
- Participants will get specific training on entering data into the EARS database.

# Presentation Overview

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- EHDI goals
- What is EARS?
- Who uses EARS?
- How to enter data into EARS



EARLY HEARING DETECTION  
AND INTERVENTION  
[www.hearing.in.gov](http://www.hearing.in.gov)

# ACRONYMS



## “Refer” means “Did not Pass” hearing screening

- **ABR**—Auditory Brainstem Response; type of newborn hearing screen
- **DHH**—Deaf and/or hard of hearing
- **EARS**—“Early Alert Response System” for reporting UNHS
- **EHDI**—Early Hearing Detection and Intervention Program
- **GBYS**—Guide By Your Side; parent-to-parent support services
- **IDOH**—Indiana Department of Health
- **LTFU**—Loss to follow-up to EHDI procedures
- **MSR**—Monthly Summary Report or Reporter
- **OAE**—Otoacoustic emission; type of newborn hearing screen
- **PCP**—Primary care physician
- **UNHS**—Universal Newborn Hearing Screening



# Genomics Newborn Screening



**NEWBORN SCREENING**  
INDIANA

## **Blood Spot (heelstick card)**

Tests for over 60 genetic conditions

[www.nbs.in.gov](http://www.nbs.in.gov)

## **Pulse Oximetry**

Screens for critical congenital hearing disease

[www.nbs.in.gov](http://www.nbs.in.gov)

## **Hearing Screening**

Screens for congenital, permanent hearing loss

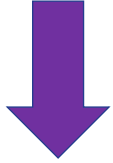
[www.hearing.in.gov](http://www.hearing.in.gov)

3 different screenings  
are completed  
on every baby born  
in Indiana.

# EHDI System and Administration



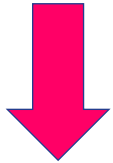
Indiana Department of Health



Maternal and Child Health



Genomics Newborn Screening



Indiana EHDI

## EHDI Staff

Director: **Dr. Suzanne Foley**

Follow-Up Coordinator: **Stacy Allgeier**

2 EHDI Parent Consultants: **Julie Swaim, Lisa Wolfe**

Regional Audiology Consultants

lead contact : **Julia Balbach**

Guide By Your Side Director: **Mariana Barquet**

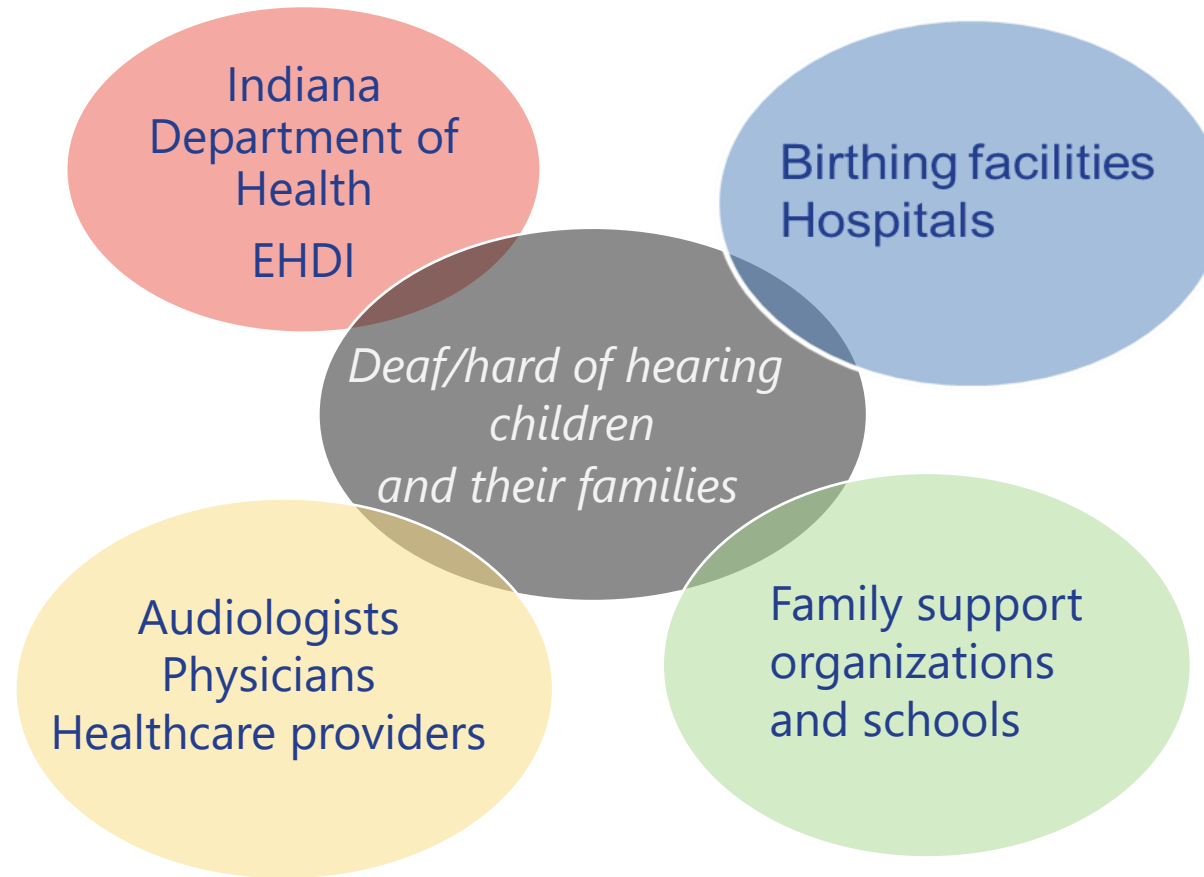
9 GBYS Parent Guides

Support staff

ASTra Program: Educational Advocacy, Training and Support

# EHDI System

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# State Mandate Newborn Hearing Screening

Indiana Code 16-41-17-2 states that "...every infant shall be given a physiologic hearing screening examination at the earliest feasible time for the detection of hearing loss."

Birthing facilities and hospitals are required to report screening results and referral information to EHDI and Indiana Department of Health (IDOH) each month.

Each hospital has a Monthly Summary Reporter (MSR). It is important for screeners to provide all required information to the MSR.



# EHDI

## “1-3-6” National and State Goals

All babies born in Indiana should receive newborn hearing screening by **1** month of age.

If baby does not pass UNHS, obtain diagnostic audiology test by **3** months of age.

If baby is identified as DHH, enroll in early intervention by **6** months of age (Indiana First Steps).

# Why is Newborn Hearing Screening so Important?

IT STARTS WITH **YOU!**

Federal and state  
mandated EHDI "1-3-6".



Evidence-based procedures to maximize speech, language, learning and development for deaf and hard of hearing children.

Congenital hearing loss is considered a neurological developmental emergency—timing is critical.

Language input must start immediately for children to develop cognitive skills.

# IN Early Hearing Detection and Intervention

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UNHS works to improve outcomes for DHH children.

UNHS was mandated by federal law in 2000:

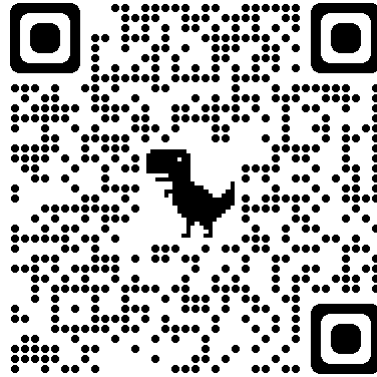
- 1999 age of diagnosis for congenital hearing loss: 36 months
- 2018 age of diagnosis for congenital hearing loss: **3 months of age**

YOUR EFFORTS ARE CRITICAL FOR LANGUAGE AND SPEECH  
DEVELOPMENT, LEARNING AND COMMUNICATION FOR DEAF AND  
HARD OF HEARING CHILDREN IN INDIANA.

# What Parents Say about Newborn Screening

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<https://www.handsandvoices.org/virtual-waiting-room/video.html>



# What Is EARS?

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Indiana EHDI's web-based data system to track:

- General information about EARS
- Universal Newborn Hearing Screening (UNHS)
- Diagnostic Audiology Evaluation (DAE)—follow-up audiology testing after UNHS
- Early intervention
- Parent support

Part of the Indiana Department of Health's Gateway

# Who Uses EARS?

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- Birthing hospitals to report newborn hearing screening results.
- Audiologists to report diagnostic hearing test results.
- Guide By Your Side (GBYS) parent guides to report early intervention and short-term outcome data.
- EHDI staff to ensure “1-3-6” goals are met for each child.

# EARS Access

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- Access given to verified personnel only. Make request for registration instructions from EHDI Follow-Up Coordinator, Stacy Allgeier, *sallgeier@isdh.in.gov*
- Log in through the IDOH Access Indiana/Gateway.
- Users given access based on application-specific security roles.



# MSR contacts at birthing hospitals

Each birthing hospital will identify a contact person at their facility who is responsible for reporting newborn hearing screening results to EHDI through EARS.

This person is called the MSR (Monthly Summary Reporter) for EHDI purposes. The MSR is responsible for collecting all the data needed and entering that information into EARS, as outlined in this training.

*\*Please contact Stacy Allgeier as soon as possible if this staff member at your facility is going to change so we can train and enroll the new reporter.*

# EHDI Regional Audiologists

Indiana EHDI is your partner in this process, and our staff is committed to supporting your facility's newborn hearing screening and reporting process.

Each facility is assigned an EHDI Regional Audiology Consultant who is available to provide ongoing support or training to the MSR or hospital personnel on issues related to newborn hearing screening, audiology or deaf and hard of hearing children.

Each MSR will meet at least once annually with their Regional Audiology Consultant to review hospital quality assurance statistics and confirm appropriate newborn hearing screening procedures.

Please visit [www.hearing.in.gov](http://www.hearing.in.gov) to find your Regional Audiology Consultant under "Hospital Resources".

# Hospital staff reporting to the MSR

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The hospital needs to establish a system where all screening staff is accurately identifying and alerting the MSR of the necessary information to report “exceptions.”

This includes:

- Screening information per ear

- Risk factors (see those Indiana mandates to be reported in later slide)

- Referral location for diagnostic audiology if baby does not pass. Include date and time if scheduled

- Primary care physician (not hospitalist or attending MD) that will care for baby after discharge

- Babies transferred out or in to your birthing facility

- Any baby not screened (missed, equipment failure, parent refusal)

At annual EHDI Regional Consultant visit, you will be required to provide a copy of form provided to MSR from screening staff or review your current reporting system. If you would like a form to be produced that is specific to your hospital please contact EHDI. (see example form on next slide)

# Direct Referral Form Example

\*This form can be customized for your specific region. Please reach out to EHDI to request a customized form for your local area.

## Early Hearing Detection and Intervention Direct Referral Form for Diagnostic Audiology Evaluation

### Communicating Did Not Pass Results

Congratulations on the birth of your baby. We just finished screening your baby's hearing. Your baby did not pass two hearing screenings. This does not necessarily mean that your baby has a hearing loss, but without additional testing we can't be sure. Please make sure you contact the facility below to schedule an appointment for further testing as soon as possible. Please confirm insurance coverage and cost with the facility prior to the appointment. *If you do not receive a call from the audiology facility you identified below to schedule a follow up hearing test within ten days, please contact the facility ASAP.*

### Central Indiana Audiology Locations for Follow-up Testing (Please mark the location the family chose for follow-up)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Peyton Manning Pediatric ENT<br>8403 Harcourt Rd Ste 400<br>Indianapolis, IN 46260<br>Phone: (317) 338-6815<br>Fax: (317) 338-6582 | <input type="checkbox"/> Balance Point<br>5255 E Stop 11 Rd Ste 405<br>Indianapolis, IN 46237<br>Phone: (317) 807-0744<br>Fax: (317) 807-1359                    | <input type="checkbox"/> Ascension Rehab Carmel<br>14828 Greyhound Court Ste 150<br>Carmel, IN 46032<br>Phone: (317) 582-9029<br>Fax: (317) 582-9037     |
| <input type="checkbox"/> Hear Indiana<br>4740 Kingsway Dr Ste 33<br>Indianapolis, IN 46205<br>Phone: (317) 828-0211<br>Fax: (888) 887-0932                  | <input type="checkbox"/> Riley Hospital for Children<br>702 Riley Hospital Dr Ste 0860<br>Indianapolis, IN 46202<br>Phone: (317) 962-9830<br>Fax: (317) 962-9834 | <input type="checkbox"/> Ascension Rehab-Fishers<br>13914 Southeastern Pkwy Ste 206<br>Fishers, IN 46037<br>Phone: (317) 415-9260<br>Fax: (317) 415-9264 |

Appointment: ☐ Scheduled ☐ Needs to be Scheduled ☐ Interpreter Needed (Type): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Newborn Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Birth Facility: \_\_\_\_\_ Screening Facility: \_\_\_\_\_

Hearing Screening Date: \_\_\_\_\_ MRN: \_\_\_\_\_

Hearing Screening Results: Right: ☐ Pass ☐ Refer (Did not pass) Left: ☐ Pass ☐ Refer (Did not pass)

Risk Factors for progressive hearing loss: ☐ Family history of childhood hearing loss ☐ Intrauterine infection  
☐ Craniofacial anomalies ☐ Hyper bilirubin (requiring exchange)

### Parent/Guardian Contact Information

Name: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact (Friend/Relative) Name: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### Primary Care Provider

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Diagnosis: Suspected Hearing Loss (Possible) Diagnosis Code: Z01.118 and/or Z01.110 This order is valid for six (6) months

### Physician Authorizing Diagnostic Audiology Evaluation

As the Primary Care Provider, you must sign below and fax back to the facility selected above at least 7 days before the above scheduled appointment or it will be cancelled. Signature must be that of the physician. A copied signature is acceptable.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

# Outpatient Rescreening

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If your hospital currently provides outpatient rescreens for infants who do not pass their newborn hearing screenings, please contact our office as soon as possible to make sure your hospital is following appropriate and necessary procedures for reporting these results.

Out patient screens may also be completed on infants if they are not able to be screened as an in-patient (i.e. equipment issue, missed, hospital error).

Please contact Julia Balbach at [jbalbach@isdh.in.gov](mailto:jbalbach@isdh.in.gov) or Suzanne Foley at [sfoley@isdh.in.gov](mailto:sfoley@isdh.in.gov) or (317-232-0972).

*\*We will need to confirm outpatient screening procedures, parent and physician communication, and forms to be completed to report these OP results to EHDI.*

# Resources for Hospitals—Website

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Visit our website at [www.hearing.in.gov](http://www.hearing.in.gov) for the following information or contact your regional audiology consultant:

## **Hospital Resources**

[Newborn Hearing Screening Brochure Order Form](#)

[Regional Audiology Consultant List](#)

[Direct Audiology Referral Form](#): a form that hospitals can give to parents with customized referral information

[Outpatient screen form](#)

[Hospital Manual for Newborn Hearing Screening 2019](#)

[Comprehensive and Limited Audiology Provider Facilities](#)

# Resources for Hospitals—Website (cont.)

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Newborn Hearing Screening Brochure Order Form: We provide two forms at no charge for hospitals to give to parents with hearing screening results and information on next steps. Please submit the order form via fax or email. We will mail you as many copies as you request (see next slide for brochure details).

Hospital Manual: This manual outlines the responsibility of birthing hospitals for newborn hearing screening and follow-up procedures.

Comprehensive Audiology List: This is a list of approved audiology facilities that are equipped and experienced to provide diagnostic testing for babies. Not all audiology providers can test babies, therefore, it is very important that children who do not pass hearing screenings are referred to providers on this list.

# EHDI “general brochure”

Also available in Spanish

Provide to ALL parents after final screening with results

**The WHO, WHAT, and WHY of Newborn Hearing Screening**

**WHO?**  
Your baby, and every baby born in Indiana, should be screened for hearing loss BEFORE your baby leaves the hospital. If your baby is not born in a hospital, call the nearest hospital to set up a time to have the screening completed before your baby is one month old. If the hospital cannot complete the screening, call the Early Hearing Detection & Intervention (EHDI) Program at 317-233-1264. Individuals who are deaf or hard of hearing may access Relay Indiana to assist you with this call at 711, if needed.

**Has your baby's hearing been screened?**

**WHAT?**  
A hearing screening checks to see if your baby's hearing is normal or if more testing is needed. The screening is quick, easy, and can be done while your baby sleeps or rests quietly. Two ways to screen hearing are OAE (Otoacoustic Emissions) and ABR (Auditory Brainstem Response). Both of these are safe and do not hurt your baby.

- ☐ The OAE is done by putting a tiny microphone in each of your baby's ears, and checking each ear's response to sounds.
- ☐ The ABR is done by putting three electrodes on your baby's head and checking the brain's response to sounds played in your baby's ears.


**WHY?**  
If not found early, hearing loss can delay the normal growth of your baby's speech and language skills. About every 48 hours, a baby is born in Indiana with hearing loss. Hearing loss cannot be seen. Your baby cannot tell you if he or she cannot hear your voice and other important sounds.

If a hearing loss is present, there is hope and help available. Research shows babies born with hearing loss that is found early have a good chance of learning speech and language like other babies.

**Questions?**  
Call the Early Hearing Detection & Intervention (EHDI) Program at 317-233-1264 or go online to [www.hearing.in.gov](http://www.hearing.in.gov). We can answer questions about your baby's hearing. Individuals who are deaf or hard of hearing may access Relay Indiana to assist you with a TDD call at 711 if needed.

Your primary care provider or your medical home can help. This is your baby's doctor or other medical provider who helps keep your child healthy and oversees your child's medical needs.

For general questions or concerns about your baby, call the MCH MOMS HELPLINE at 1-844-MCH-MOMS (844-434-6667). Or go online to <http://www.MomHelpLine.in.gov>.

  
Indiana State  
Department of Health  
The Early Hearing Detection  
& Intervention Program

**Hearing Screening Results**  
**The Early Hearing Detection & Intervention Program (EHDI)**

Your baby, \_\_\_\_\_, born \_\_\_\_\_, (name) (birth date)  
received a hearing screening on \_\_\_\_\_ at \_\_\_\_\_, (date) (hospital/clinic)

**Results of your baby's hearing screening (circle one):**

Right Ear:	Pass	Did Not Pass	Pass with Risk Factor
Left Ear:	Pass	Did Not Pass	Pass with Risk Factor

Your baby's risk factor is: \_\_\_\_\_

☐ **Passed** - Your baby likely has normal hearing.

☐ **Did not pass** - Your baby should get additional hearing testing, done by an audiologist, as soon as possible.


☐ **Passed with risk factors** - Your baby should have follow-up hearing testing done by an audiologist when he or she is 9 to 12 months old.

**Risk factors that can lead to hearing loss in childhood**

Some babies who pass the newborn hearing screening may have risk factors that can lead to hearing loss during the first few years of life. Some risk factors for hearing loss include:

- A family history of children with hearing loss
- Your baby was exposed to certain infections before birth
- Your baby needed a special procedure to treat jaundice (yellow color to skin caused by high bilirubin, a protein normally produced by the body)
- Your baby's head, face, or ears are shaped differently
- Your baby has a neurological (involves the brain) condition associated with hearing loss
- Your baby had meningitis (an infection that affects the brain and spinal cord)
- Your baby had a head injury that required a hospital stay
- Your baby had certain ototoxic medications (medicines that can hurt hearing), such as cancer chemotherapy
- Your baby stayed in the Neonatal Intensive Care Unit (NICU) 5 or more days after birth

If you have questions about any of the risk factors listed above, or if you are worried about your child's hearing, talk to your child's doctor or contact the EHDI program at 317-233-1264.

  
Indiana State  
Department of Health  
The Early Hearing Detection  
& Intervention Program



## Frequently Asked Questions

### Q. Are there different kinds of hearing loss?

Yes. Some types of hearing loss (such as fluid or wax in the ear) can be medically treated. Other types of hearing loss are permanent and cannot be treated with medicine or surgery. People with a permanent hearing loss usually need amplification (such as hearing aids) to help them hear. Your baby's audiologist will talk about available options for your baby.

### Q. My baby seems to hear fine. Do I still need to have him or her tested?

Yes! It is important to make sure that your baby hears well in both ears. It's easy to miss mild hearing loss and hearing loss in only one ear. These types of hearing losses can still cause speech and language delays.

### Q. I've been told to "wait and see"—Is it OK to wait to have my baby tested?

No! The first six months of life are a very important time in your baby's development. Finding a hearing loss early helps make sure your baby doesn't fall behind in their



## Questions?

### The Early Hearing Detection & Intervention Program (EHDI)

This program, which is part of the Newborn Screening Program at the Indiana State Department of Health, can answer questions about your baby's hearing and provide help.

Call 317.233.1264 for more information, or go to [www.hearing.in.gov](http://www.hearing.in.gov). Individuals who are deaf or hard of hearing may access Relay Indiana to assist you with this call at 711 if needed.

### Ask Your Doctor

Call your primary care provider or your medical home. They help keep your child healthy and oversee your baby's medical needs.

### First Steps Early Intervention System

This system helps parents and

## What If My Baby Needs More Hearing Testing?

If your baby did not pass the newborn hearing screening or has risk factors for hearing loss, more testing is needed, so **DON'T DELAY!**



Parents and babies communicate right from the start. You communicate your love in so many ways: through your voice, your touch and your facial expressions. Enjoy these moments with your baby!

# EHDI “referral brochure”

Also available in Spanish

Provide to parents of babies who do not pass hearing screen.

## Why Does My Baby Need More Testing?

Your baby may need more hearing testing for one of two reasons:

1. Your baby did not pass the newborn hearing screening. Your baby may have had temporary fluid in the ear, may have been moving a lot during testing, or may have actual hearing loss. You will find the answers with more testing, so **DON'T WAIT!** Further testing should be done by three months of age.
2. Your baby passed the newborn hearing screening, but has risk factors for hearing loss in childhood. Although your baby passed the hearing screening, your baby has at least one risk factor that can lead to hearing loss during childhood. Your baby should be tested between 9 and 12 months of age or sooner if you are concerned about your baby's hearing. Some risk factors for hearing loss include:
  - ✓ Your family has a history of children with hearing loss

The Who, What and Why of Newborn Hearing Screening brochure, located on our website has a list of other risk factors that can lead to hearing loss.

## What Will Happen Next?

1. Referral to an audiologist. Your baby's hospital should refer your baby directly to an audiologist or to your doctor for a referral to an audiologist.
  - ✓ An audiologist is an expert in hearing testing and follow-up. Babies should be seen by an audiologist who has experience in testing very young babies.



3. Follow-up hearing testing. Hearing is done while your baby is asleep or resting quietly. These tests are safe and not hurt your baby. There are three possible results of this follow-up hearing testing:

- ✓ Your baby does not have any hearing problems.
- ✓ Your baby has a hearing loss that is temporary and treatable. Your baby will be referred to a doctor for treatment.
- ✓ Your baby has a permanent hearing loss and will need ongoing care by specialists trained to work with children who have hearing loss.

If hearing loss is found early (before 3 months of age), and follow-up help is started right away (before 6 months of age), your baby has a good chance of learning to communicate at the same pace as children without hearing loss.

4. Follow-up care. If your child does have hearing loss, you will be referred to a medical specialist such as an ear, nose,

# Monthly Reporting

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Let's get started!



# EARS Access

After completing the Access Indiana/Gateway Registration Instructions provided with training, this is where you will log into EARS for reporting. <https://gateway.in.gov/Gateway/SignIN.aspx>.



The screenshot shows the Indiana Department of Health State Health Gateway login page. At the top is the Indiana Department of Health seal and the text "INDIANA DEPARTMENT OF HEALTH STATE HEALTH GATEWAY". Below this are "Login" and "Help" links. The main content area is divided into two columns. The left column contains an "IMPORTANT NOTICE" box with text about registering for an Access Indiana account, contact information for assistance, and a paragraph about the gateway's purpose. The right column is titled "Secure Account Sign In" and contains three steps: "Step 1 - New User Register with Access Indiana" with a ">> Register to Access Indiana" button, "Step 2 - Request for Gateway or New Application Access" with a ">> Request Access" button, and "Step 3 - Registered users with Gateway and Access Indiana" with a ">> Sign in with Access Indiana" button. At the bottom of the page, there is a footer with a disclaimer about the site's organization and use.

**IMPORTANT NOTICE:**

To continue using the Gateway you must register for an Access Indiana account.

To register for your account, click the **Register with Access Indiana** button in the menu on the right. [Click here](#) for instructions on logging into the IDOH Gateway with Access Indiana.

For Access Indiana assistance, please call 1-866-960-3023 8:00 AM – 9:00 PM, M – F, 9:00 AM – 1:00 PM Sat.

Thank you for your cooperation,  
IDOH

The Indiana Department of Health – State Health Gateway is a health portal dedicated to providing information and services to health care professionals, labs, local health departments, and Health Information Exchanges (HIE) in Indiana.

The State Health Gateway web portal is a comprehensive entry point for a huge array of resources and services. Our portal provides information and resources, news, research and statistics, online tools, discussions and newsletters pertaining to Indiana health and the delivery of health care information.

**Secure Account Sign In**

**Step 1 - New User Register with Access Indiana.**

>> Register to Access Indiana

**Step 2 - Request for Gateway or New Application Access :**

>> Request Access

**Step 3 - Registered users with Gateway and Access Indiana :**

>> Sign in with Access Indiana

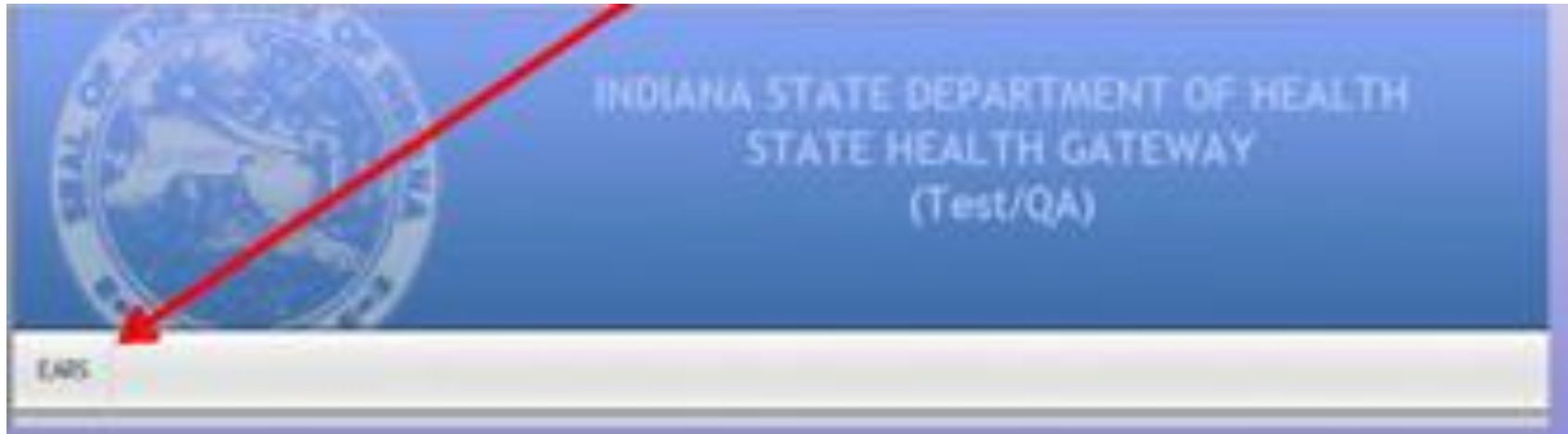
This site is organized and maintained by the Office of Technology & Compliance Division in collaboration with all program areas at the Indiana Department of Health. The use of this portal is restricted to health care professionals working in Indiana communities and organizations. Registration is required in order to access information or services available within this portal.

After completing Access Indiana Registration, **always** use Step 3 to sign into EARS

# General Navigation

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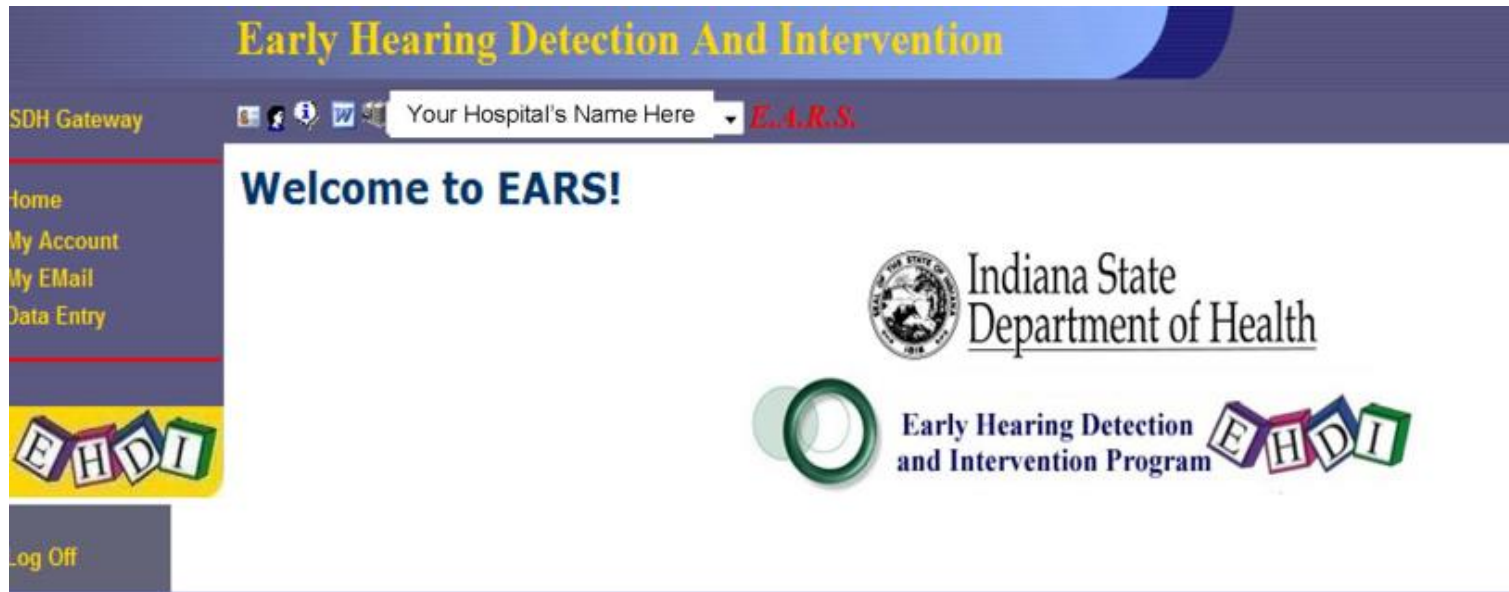
- Click on the EARS link.



- The user must enter a registration key when prompted the first time entering EARS.

# General Navigation

## EARS home page



# General Navigation

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**Nearly all EARS screens are comprised of the same set of components. Following are the descriptions of the primary screen sections along with an image of each:**

1. The screen header serves to remind users that they are using an EHDI application.



2. The Page Help Link is present on nearly every screen of the application. Click the  and receive a high-level overview of the page from which the request was made.







# General Navigation



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## The toolbar consist of several tools:



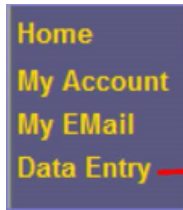
1.  Click this link to open a new browser window and return to the main ISDH Gateway login screen.
2.  Click this link to open a new browser window to see a listing of all EHDI contacts. This will allow you to sort by organization name, contact name, phone number or email address.
3.  Click this link for user-specific information. This is helpful if multiple users at one facility use EARS. Due to HIPPA regulations, each user must have their own account.
4.  Click this link to provide feedback to the EARS application administrator.

# General Navigation

5.  Click this link to access the EARS User Guide.
6.  This is the Primary Organization assigned when registering. If an EARS user works at more than one location, use this drop-down list to change from one organization to another.
7. The Navigation menu.




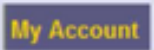




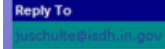
Click the **data entry** link to expand the screen to include MSR links.







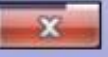
# General Navigation

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8.  Click this link when working in EARS to be returned to the main, welcome page for EARS.
9.  Click this link to add a signature block to emails sent though EARS. Other features in the My Account section are for EHDI staff.
10.  Click this link to view messages sent within EARS from other EARS users. EARS email is secure. Use the following:
  - a)  To print an email sent though EARS.
  - b)  To delete an email from your screen.
  - c)  This number is the personal identification (PID) number used by IDOH.
  - d)  Click the email address to reply to the email.

# General Navigation

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11.  Click this link to be directed to the Centers for Disease Control and Prevention's EHDI website for information and educational materials.
12.  Click this link to log out of EARS. Users also can click  to log out of EARS.

# Monthly Summary Reporting (MSR)

- MSRs to be submitted by the 15<sup>th</sup> of the month for infants born the previous month.
- Used to report babies who are “exceptions” (see exception slides for more details).
- To complete the monthly report, you will need:
  - The number of babies born in your facility;
  - Any child who is an exception;
  - MRN, date & time of birth, birth order, sex;
  - Screening results and date of screening;
  - 4 Indiana mandated risk factors (see risk factor slide);
  - Referral source for diagnostic audiology testing;
  - Mother’s name, date of birth, phone and address; and
  - Physician who will be seeing the baby after discharge.
- ***Babies who do not pass their newborn hearing screenings should be entered within 5 days of being discharged. Please do not wait until you submit the report on the 15<sup>th</sup>.***

# Why timely reporting is crucial

---

## **Why must you document babies who do not pass within 5 days of screening?**

- When an MSR enters a baby did not pass the hearing screen, an EHDI Parent Consultant is automatically alerted. The family will be contacted to confirm a follow-up appointment for diagnostic audiology testing has been scheduled, to answer any questions the parents have at that point as well as offer support.
- EHDI contacts the family, physician and audiology facility through phone calls, texts and letters several times until the baby receives a confirmatory diagnostic hearing test and/or the baby's first birthday.
- EHDI is committed to making sure every baby who does not pass their newborn hearing screening receives a diagnostic hearing test by 3 months of age. Babies over 3 months of age may need to be sedated for testing.
- Congenital hearing loss is considered a neurological developmental emergency, and evidence-based practices need to be followed as recommended by the American Academy of Pediatrics.

# How to Get Started

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Click the Data Entry link.



# How to Get Started

---

- Click **MSR Update** to add more data to a previously opened MSR or to report a new exception. (most frequently used)
- Click **MSR Report** to print or save electronic copies of previous MSRs, if needed.



# How to Get Started

---

- The hospital name will be automatically selected.
- If only one MSR is open, the MSR will be opened automatically.
- If two MSRs are open, select the appropriate MSR. **Babies must be reported in the month they are born.**
- Only 2 months of MSRs may be open at a time, and the months must be sequential.
- If you cannot see two options for MSR, please contact Stacy Allgeier or Suzanne Foley.



# How to Get Started

---

- Once the MSR month has been selected, data is loaded in the background.
- MSR has 5 “pages” displayed at the bottom of the page under the yellow line.
- Select the page in which data will be entered.
  - If you are entering a baby who did not pass within 5 days, choose exceptions.
  - If you are completing a monthly report, you should start with holdovers first.

---

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | [HOME](#)



# How to get started:

---

You will primarily open an MSR for two reasons:

- 1) throughout the month to enter babies who do not pass as an exception within five days of discharge
- 2) to complete the month end report including all exceptions, and final birth count.

When doing the month end report, you will always start with the holdover page as the final report cannot be submitted without updating all babies on this holdover page.

However, training will start with the EXCEPTIONS tab as that is the page used throughout the month to enter babies who do not pass and other exceptions.

Click page 3 -- EXCEPTIONS

---

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | [HOME](#)

# Exceptions—Code Information

- Once the Exceptions page loads, you can click the CODES link to display and remind you of codes.

UNHS EXCEPTIONS REPORTING

Use the most relevant of the UNHS Exception **CODES** to define why the child is listed on this page.  
*If the child was transferred in to or out from your facility be sure to indicate so (this may be in ADDITION to another reason code).*

- The screen will change and codes will be displayed.

Use the most relevant of the UNHS Exception **CODES** to define why the child is listed on this page.  
*If the child was transferred in to or out from your facility be sure to indicate so (this may be in ADDITION to another reason code).*

Not Screened Due To:				
1. Deceased/Terminal	2. Transferred Out	3. Hospital Error	4. NICU	5. Unauthorized Refusal
6. Religious Refusal	7. Equipment Failure	8. Initial Screen Next Month	9. Rescreen Next Month	

New Patient Intake:	Pass UNHS: (previously reported as not screened or transferred IN)		Did Not Pass UNHS: (complete Refer To section)	
	10. Transferred IN	11. Passed	12. Passed At Risk	13. Did Not Pass
			14. Did Not Pass At Risk	

Use the following values to define to whom the child was referred, check all that apply.

A. First Steps	B. Primary Care Physician	C. Audiologist	D. Ear, Nose & Throat Physician
----------------	---------------------------	----------------	---------------------------------

# Exceptions: Who is NOT an EXCEPTION?

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Infants who are screened during the month of their birth AND pass the hearing screening AND have NO risk factors are not reported in EARS --as no follow up is required for these babies.

**Final** newborn hearing screening results for these infants who pass with no risk factors are to be added to the heel stick card that is mailed to IU Lab.

*If baby does not pass initial screen, only the rescreen results should be reported on the heelstick card.*

# Which Babies Are “Exceptions”?

---

- Children who are considered “exceptions” can be entered into the MSR report at any time.
- A child is considered an exception if: (see next slide for more details)
  - UNHS has not been completed for any reason.
  - UNHS has been completed but:
    - The child did not pass hearing screening in either or both ears; or
    - The child passed but has one of four risk factors associated with delayed onset hearing loss; or
    - The child did not pass the hearing screening and also has one of four risk factors present.

---

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | [HOME](#)

# Exceptions—Did Not Receive Hearing Screen

---

- 1—Deceased or terminal
- 2—Transferred out (to another facility); need to enter transfer location and date of transfer
- 3—Hospital Error (hospital must contact the family and have the baby return for screening as soon as possible)
- 4—NICU (remains in NICU when MSR is complete and has not been screened)
- 5—Unauthorized Refusal (declines screening—not religious objection)
- 6—Religious Waiver (hospital must fax waiver signed by parents to IDOH at 317-925-2888)
- 7—Equipment Failure (hospital must schedule for screening when equipment is functional)

# Exception or Reason Code

---

- 8—Initial Screen Next Month (used if child born at the end of the month has not been screened before the MSR is submitted)
- 9—Rescreen Next Month (used if child has received one screen but needs to have the second screen next month)
- 10—Transferred in (from another facility)
- 11—Passed (if previously on “hold-over” page—to be discussed later)
- 12—Passed At Risk; passed hearing screen but has one of four conditions present:
  - Family history of permanent childhood hearing loss
  - Exposure to in-utero infection
  - Hyperbilirubinemia requiring exchange transfusion
  - Cranio-facial anomalies (if baby cannot be screened, the code is 14)
- 13—Did Not Pass (one or both ears)
- 14—Did Not Pass At Risk (did not pass one or both ears and has one of four risk factors present)

# How to Enter an Exception

- Enter child's MRN
- If the correct child is found, information will be pre-populated.
- If the correct child is not found, a blank data screen will be displayed to be completed.

The screenshot shows a web form for entering an exception. It includes fields for Medical Record # (6579842), Reason Code, Facility Transfer (Out, In, No Transfer), Infant information (K Number, Last Name, Middle Name, First Name, Birth Order, Ambiguous, DOB, Time of Birth, Previously Unreported Child), Mother information (Last Name, Middle Name, First Name, Phone, Maiden Name, Mother DOB, Mother MRN, Address), Primary Care Physician, and a Comments field. A Reset button is located at the bottom right.

Medical Record #	6579842	Search
Reason Code		
Facility Transfer	<input type="radio"/> Out (code 2) <input type="radio"/> In (code 10) <input checked="" type="radio"/> No Transfer	
Infant: K Number		
Last Name	Middle Name	First Name
Ambiguous	DOB	Time of Birth
Birth Order	Please use 24-hour time	
Previously Unreported Child	<input type="checkbox"/>	
Mother: Last Name	Middle Name	First Name
Maiden Name	Mother DOB	Phone ( ) -
Mother MRN	Address:	Add
Primary Care Physician		
Comments	Reset	

# How to Enter an Exception—Code List

Click on the drop-down menu to find the correct exception code:

Medical Record #  Search

Reason Code ?

Opioid ☐

Down Syndrome ☐

Foster Care ☐ (Enter Foster Parent Name, Address and Phone Number in comments section if checked)

Cleft Palate ☐

Facility Transfer ☐ Out (code 2) ☐ In (code 10) ☒ No Transfer

Infant: K Number

Last Name  Middle Name  First Name

DOB  Time of Birth

☒ Previously Unreported Child ☐

Mother: Last Name  Middle Name  First Name  Phone (  )  -

Maiden Name  Mother DOB

Mother MRN  Address:

Primary Care Physician ?

Comments

Show Last Entry Only ☐ ?

1 Deceased/Terminal

3 Hospital Error

4 NICU

5 Unauthorized Refusal

6 Religious Refusal

7 Equipment Failure

8 Initial Screen Next Month

9 Rescreen Next Month

11 Passed

12 Passed At Risk

13 Did Not Pass

14 Did Not Pass At Risk

Please use 24-hour time

Adopted ☐ (Enter Adopted parent Name, Address and Phone Number in comments section if checked)



# How to Enter an Exception

---

- When selecting the reason code, use the most relevant of the codes to define why the child is included.
  - Example: Baby was born in the current month but moved to NICU due to prematurity. It could be a code 8 (screen next month) or code 4 (NICU). Code 4 is the most relevant.
  - Two codes may need to be selected if a child is transferred.

Example: Baby transferred in (code 10) but was screened and did not pass (code 13). Both codes (10 first and then 13) should be reported.

# How to Enter an Exception

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Tips on entering information on exceptions page:

- To add an address for the family, click the red “Add” link, add the information and then click the green “+” button.
- K Number is the serial number on the bottom of the heel stick card, but is not required.
- If you do not know the first name of the child because parents have not decided, enter 99 in the first name box.
- The **Previously Unreported Child** box can be used if a child was born in a previous month and was not entered on a previous MSR.
- If the family does not have a phone, enter 999-999-9999.
- If an attempt to save an exception has missing information, red error messages will display just below the Save and Add New Exception link.

K Number must be a letter followed by numbers or left blank.  
The selected code (14) requires at least one Risk Factor value be checked.

# How to Enter an Exception

---

## Tips on entering exceptions...

- Long-term holdovers -- more than 3 months. Please reach out to the receiving hospital or to Indiana EHDI to help find the screening information so you can promote that entry.
- Primary Care Physician is the physician who will care for the baby after hospital discharge -- not the attending physician or hospitalist. If the family does not know who that will be, please enter "Unknown" in the first and last name boxes and all 9s for the telephone number. **This should be a last resort; it is very important to enter the correct PCP as we send letters to them immediately for children who need timely follow-up.**
- NICU Babies: **Do not report** "did not pass" until baby is being discharged:
  - \*Why? EHDI contacts the family immediately after receiving the "did not pass" alert, and we do not want to contact parents if the baby is still in the NICU.

# How to Enter an Exception—Transfer Out

The codes for transfer in and out are not in the drop-down screen for codes.

Reason Code

Opioid

Down Syndrome

Foster Care

(Enter Foster Parent Name, Address and Phone Number in comments section if checked)

Cleft Palate

Facility Transfer

Out (code 2)

In (code 10)

No Transfer

Infant: K Number

Last Name

Middle Name

First Name

Birth Order

Adopted

(Enter Adopted parent Name, Address and Phone Number in comments section if checked)

Ambiguous

DOB

Time of Birth

Please use 24-hour time

Previously Unreported Child

Mother: Last Name

Middle Name

First Name

Phone

Maiden Name

Mother DOB

Mother MRN

Address

Add

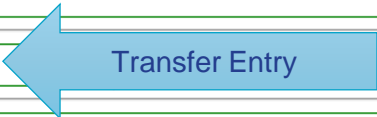
Primary Care Physician

Comments

Reset


Show Last Entry Only

Save and Add New Exception

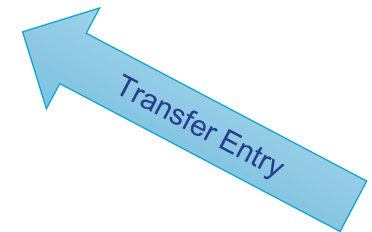


# How to Enter an Exception—Transfer Out

If a baby is born in your hospital but transferred out, please enter baby as exception as code 2. The baby will stay on your holdover page. Enter the date and name of the receiving hospital. After entering the transfer information, the green + must be clicked to add the transfer.

**Facility Transfer** ☒ Out (code 2) ☐ In (code 10) ☐ No Transfer   

Direction	Location	Date	
Out To	ADAMS MEMORIAL HOSPITAL	05/15/2012	X



# How to Enter an Exception—Transfer Out

- The next month the baby will be highlighted in yellow on your holdover page. If the receiving hospital has screened the baby and reported results in EARS, the line will be highlighted and screening results will be red. The screening results and date should prepopulate into the line. If a screening has not been done, enter code 4 for NICU on the holdover page; it will continue to the next month.
- If the baby stays on your holdover page for more than 3 months, please contact the receiving hospital MSR to see if baby has been screened. If unsuccessful, please contact us to help you find that information so you can enter the screening data.

2072641	Rabbits, Chase	Male	5/21/2010	1	9	<input type="radio"/> Out (code 2) <input type="radio"/> In (code 10)	Trans. Date	<input type="text"/>
2081156	Walling, Dry	Male	7/3/2010	1	4	<input type="radio"/> Out (code 2) <input type="radio"/> In (code 10)	Trans. Date	<input type="text"/>

DUNN MEMORIAL HOSPITAL has reported: Code = 4(NICU) Screened = N/A Refer to = N/A

Transfer History

Do not enter a transfer code in or out (2 or 10) for more than one month. Baby should be updated to code 4 until screening information is entered.


# How to Enter an Exception—Transfer In

---

- Collaborate with staff on how to identify babies transferred into your facility.
- If a baby is transferred into your hospital, please enter the baby on the exceptions page as a transfer in -- code 10 in the transfer area. Baby will show up on your holdover page during subsequent months until screening results added.
  - If baby is screened the same month as transfer, enter screening results on the exceptions page entry. This will show a transfer in AND a screening result.
  - Enter screening results and date on the holdover page when completed. These results will show up on the transferring hospital's MSR so they can update the baby on their report as well. Communication between both hospitals is important.
- Do not enter a transfer code in or out (2 or 10) for more than one month.
  - \*Baby should be a code 4 each subsequent month after transfer until the screening information is entered.

# How to Enter an Exception—Did Not Pass

- Children who do not pass hearing screening should be entered within 5 days of the screening in the report of the month they were born.
- When code 13 is entered and saved, the screen will change and additional information will be requested, including:
  - Screening date and ear-specific results (right and left).
  - If there are specific conditions present such as atresia/microtia (abnormal ear development that prevents hearing screening from being completed), Down syndrome or cleft lip/palate. If one ear cannot be screened, screen the unaffected ear as that helps the audiologist who will be testing the child prioritize testing and provide appropriate recommendations.



Reason Code	13 Did Not Pass	
Opioid	<input type="checkbox"/>	
Down Syndrome	<input type="checkbox"/>	
Cleft Palate	<input type="checkbox"/>	
Date Screened	12/12/2020	
Referred To:	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Left Ear	Refer	<input type="checkbox"/> Microtia/Atresia
Right Ear	Refer	<input type="checkbox"/> Microtia/Atresia
Referral Location		



# How to Enter an Exception—Referral Information

When a baby does not pass their hearing screening:

- The hospital is responsible for referring the baby for diagnostic audiology testing. Parents should be provided a list of available providers in their area from which to choose.
- Baby should be referred to an approved audiology facility from the comprehensive list on [www.hearing.in.gov](http://www.hearing.in.gov).
- If an appt. cannot be scheduled for the baby directly, fax the referral to the chosen audiologist. Provide the name, address and phone number of the audiology facility to the family and the PCP. Be sure to enter the name of the referral location into EARS, as indicated below.
- ***This is a required field.*** Do NOT enter the words "PCP", "MD" or "Audiology". EHDI needs the name of the audiology provider when we contact the family to make sure the baby obtains testing.

Reason Code	13 Did Not Pass	
Opioid	<input type="checkbox"/>	
Down Syndrome	<input type="checkbox"/>	
Left Palate	<input type="checkbox"/>	
Date Screened	12/12/2020	
Referred To:	<input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	
Left Ear	Refer	<input type="checkbox"/> Microtia/Atresia
Right Ear	Refer	<input type="checkbox"/> Microtia/Atresia
Referral Location		

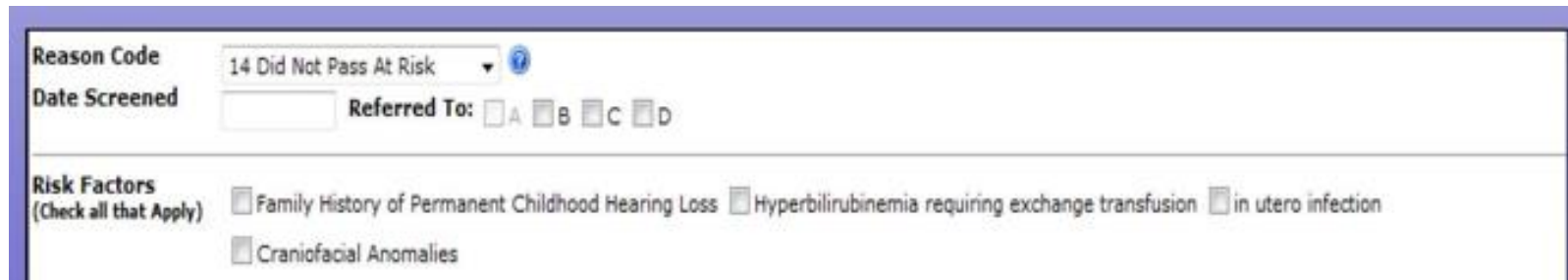


Indiana  
Department  
of  
Health

Audiology evaluation  
facility

# How to Enter an Exception—DNP with Risk Factors

- If a baby does not pass a hearing screening and has a risk factor for progressive hearing loss (see risk factor slide), enter code 14 within 5 days of screening.
- If 14, indicate in the report which risk factor(s) is present. Indiana EHDI is currently requiring that four risk factors be reported (see below).



Reason Code: 14 Did Not Pass At Risk

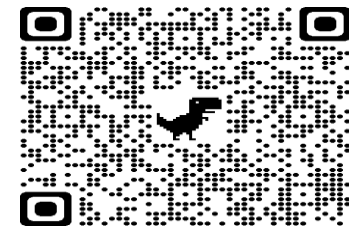
Date Screened: [ ] Referred To: ☐ A ☐ B ☐ C ☐ D

Risk Factors (Check all that Apply)

☐ Family History of Permanent Childhood Hearing Loss ☐ Hyperbilirubinemia requiring exchange transfusion ☐ in utero infection

☐ Craniofacial Anomalies

Use QR code for list of risk factors to be reported

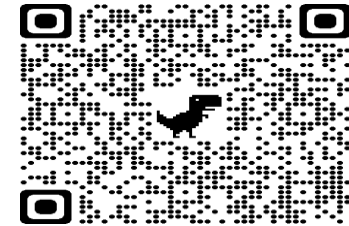


# How to Enter an Exception—Passed at Risk

## Passed at Risk Results (Code 12)

- Enter exception into EARS within 5 days of hearing screen.
- Hospital staff should explain to parents which risk factor is present and that follow-up evaluation should be completed at 9-12 months of age.
- Hospital should report all risk factors to the PCP for ongoing follow-up.
- 4 risk factors are required to be reported into EARS:
  - Family history of childhood hearing loss
  - Hyperbilirubinemia (requiring blood transfusion)
  - Craniofacial anomalies (please use comments for details)
  - Inter-uterine infections-CMV, rubella, syphilis, herpes. Group B strep

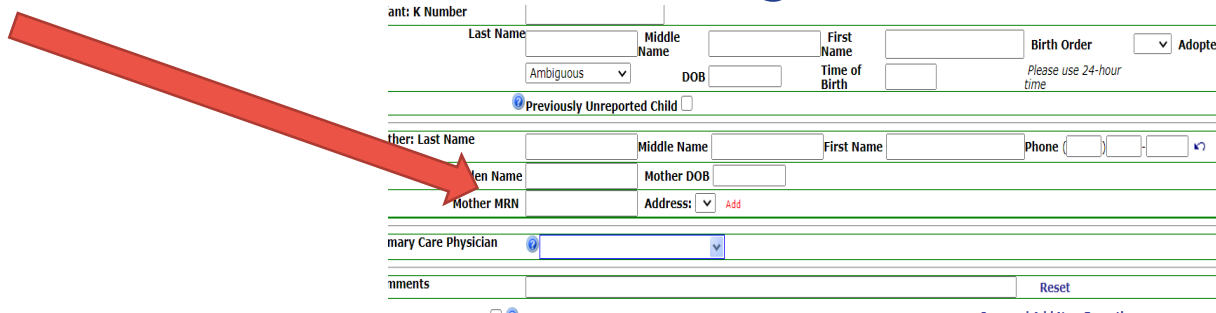
Use QR  
code to  
see risk  
factor  
details



EHDI will send a letter to parents and physicians immediately after birth and another letter to the family when the baby is 7 months of age as a reminder to have the baby's hearing tested between 9 and 12 months of age.

# How to Enter an Exception—Physician

- There are two databases of physicians available in the MSR. When you click Primary Care Physician, a list of physicians will pop up in a list. The first several physicians in the list will be physicians you have chosen for other children in your report.
- If the child's physician is not in the first list, arrow down on the right side of the Physician box to search the second, larger EHDl database for the correct physician.



The screenshot shows a portion of the MSR form. A red arrow points to the 'Primary Care Physician' dropdown menu. The form includes fields for 'Last Name', 'Middle Name', 'First Name', 'Birth Order', 'Adopted if', 'Ambiguous', 'DOB', 'Time of Birth', 'Previously Unreported Child', 'Mother's Last Name', 'Mother's First Name', 'Mother's Middle Name', 'Mother's DOB', 'Mother's MRN', 'Address', 'Phone', and 'Reset'.

- Please search for the physician by typing the first few letters of last name, press return.
- Please make sure you take time to scroll down on the right arrow to the "second" physician list as most physicians in Indiana are likely in the larger list.

# The COMMENTS section!

---

Indiana EHDI will be calling families to help facilitate follow-up appointments shortly after discharge.

## **What do you know that we need to know?**

Examples of what to share in the comment section:

- Does the family speak a different language or use American Sign Language?
- Is baby being discharged to hospice?
- Is the family moving?
- Is the baby going home with another family member such as grandparents?
- Foster/Adopted family name, address and phone?

# Adoption or Foster Family

If baby is being adopted or being placed with a foster family, enter the name, phone and address of the foster family in the Comments box.

**Why?** EHDI sends letters for follow-up, and we want to contact the correct family for that child. Our information is populated from birth certificate data, so we need the foster family's name, phone and address in the Comments so we do not send letters to the biological mother.

Medical Record #  [Search](#)

Reason Code

Opioid ☐

Down Syndrome ☐

Foster Care ☐ (Enter Foster Parent Name, Address and Phone Number in comments section if checked)

Cleft Palate ☐

Facility Transfer ☐ Out (code 2) ☐ In (code 10) ☒ No Transfer

Infant: K Number

Last Name  Middle Name  First Name  Birth Order  Adopted ☐ (Enter Adopted parent Name, Address and Phone Number in comments section if checked)

Ambiguous  DOB  Time of Birth  Please use 24-hour time

☒ Previously Unreported Child ☐

Mother: Last Name  Middle Name  First Name  Phone

Maiden Name  Mother DOB

Mother MRN  Address:  [Add](#)

Primary Care Physician

Comments

Show Last Entry Only ☐

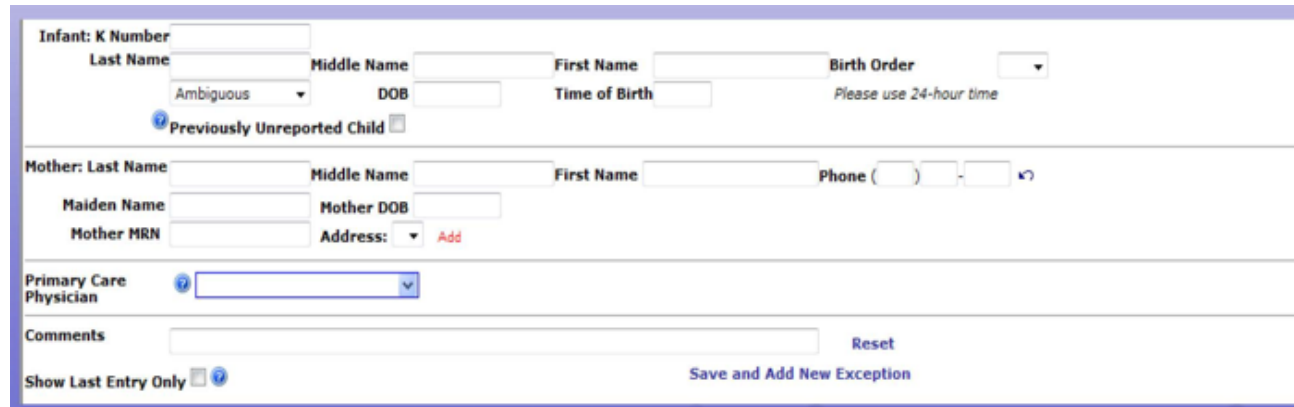
[Reset](#) [Save and Add New Exception](#)

Foster family information here

Biological mother should be entered here.

# How to Enter an Exception—Save and Update

- Complete the remaining data fields, and then click Save and Add New Exception.
- Additional information about the data field can be found in the EARS User Guide.



The screenshot shows a web form for entering an exception. The form is divided into several sections:   
1. **Infant Information:** Includes fields for 'Infant: K Number', 'Last Name', 'Middle Name', 'First Name', 'Birth Order' (dropdown), 'Ambiguous' (dropdown), 'DOB', 'Time of Birth', and a checkbox for 'Previously Unreported Child'.   
2. **Mother Information:** Includes fields for 'Mother: Last Name', 'Middle Name', 'First Name', 'Phone' (with area and number fields), 'Maiden Name', 'Mother DOB', 'Mother MRN', and an 'Address' field with an 'Add' button.   
3. **Primary Care Physician:** A dropdown menu.   
4. **Comments:** A text area.   
5. **Buttons:** 'Reset' and 'Save and Add New Exception'.   
6. **Footer:** 'Show Last Entry Only' checkbox and a help icon.   
A red arrow points from the bottom of the form towards the 'Save and Add New Exception' button.

# How to Enter an Exception—Exceptions Page

---

- An exception has been successfully added when that infant appears in the table at the bottom of the screen.
- Column headings in the table can be clicked on to sort data if needed for searching purposes.
- Data can be edited for each child by clicking the pencil icon. Once changes are made, click the “Update” link at the bottom.
- If an exception has missing information, the entry will not process and red error messages will display below the Save and Add New Exception link (see examples below).

K Number must be a letter followed by numbers or left blank.  
The selected code (14) requires at least one Risk Factor value be checked.



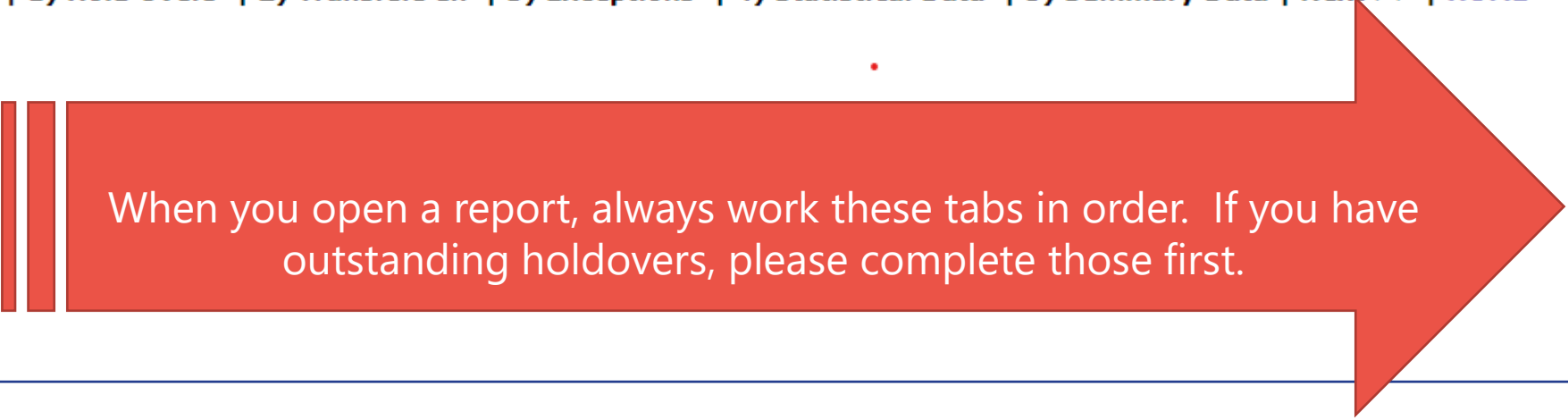
# How to Complete Your Monthly Report

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- Monthly reports should be completed by the 15<sup>th</sup> of the following month.
- Once the MSR (month) has been selected, data is loaded in the background.
- MSR has 5 “pages” that are displayed at the bottom of the page under the yellow line.
- If you are completing a monthly report, you should start with holdovers first.

---

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | [HOME](#)



When you open a report, always work these tabs in order. If you have outstanding holdovers, please complete those first.

# Holdovers

- Click page 1 below the yellow line to get to the Hold Over page.



- What is a holdover?
  - A child who was not screened the previous month:
    - Transferred out or in (Codes 2 and 10)
    - NICU (Code 4)
    - Initial or Rescreen Next Month (Codes 8 and 9)

# Holdovers

- Each month updates on all holdovers must be processed to complete and submit the monthly report.
- Holdovers will remain on the MSR each month until a screening result is provided.
- The previous month's code will be displayed.
- The new code (and additional information if appropriate) must be entered and then saved.

The screenshot shows a web form for managing holdovers. At the top, there are three red annotations: 'Previous Code' with an arrow pointing to the 'Prev Code' column, 'Save' with a yellow arrow pointing to the 'Save Changes' button, and 'New Code' with an arrow pointing to the 'New Code' column. The form contains a table with the following columns: MRN, Child Name, Sex, DOB, B/O, Prev Code, New Code, Facility Transfers, Refer To, Screen Date, and Risk Factor. There are two rows of data, both for MRN 5677 and Child Name FSDFSDFAS. The first row shows a 'Prev Code' of 4 and a 'New Code' dropdown menu. The second row shows a 'Prev Code' of 4 and a 'New Code' dropdown menu. The 'Facility Transfers' section includes radio buttons for 'Out (code 2)' and 'In (code 10)', a 'Trans. Date' field, and a 'Select Facility' dropdown. The 'Refer To' section includes checkboxes for A, B, C, and D. The 'Screen Date' field is empty, and the 'Risk Factor' is 'N/A'.

MRN	Child Name	Sex	DOB	B/O	Prev Code	New Code	Facility Transfers	Refer To	Screen Date	Risk Factor
5677	FSDFSDFAS, SFSDFSDFAS	Not Stated	10/5/2010	1	4		<input type="radio"/> Out (code 2) <input type="radio"/> In (code 10) Trans. Date <input type="text"/> Select Facility <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		N/A
567	FSDFSDFAS, SFSDFSDFAS	Not Stated	10/5/2010	1	4		<input type="radio"/> Out (code 2) <input type="radio"/> In (code 10) Trans. Date <input type="text"/> Select Facility <input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		N/A

# Holdovers—Transfers

- If a child is transferred, both facilities must enter the child into their MSR.
- Information will be shared between the facilities. Lines highlighted in yellow indicate data shared between hospitals. If the other facility has reported a screening result, the results will be prepopulated into the relevant fields and will process when you click Save.
- **Please be aware that a code prepopulated in the yellow highlighted entry may need to be updated by your facility.** *Before saving changes on any other infant (non-highlighted) on the exceptions page, confirm all codes in yellow are correct prior to selecting "Save Changes" at the top of the page—as all entries with a code will process to exceptions when "Save Changes" is clicked.*
- If there is no screening information (as below), enter a "4" for NICU until the next month.

2072641	Rabbits, Chase	Male	5/21/2010	1	9	<input type="text"/>	<input type="radio"/> Out (code 2) <input type="radio"/> In (code 10)	Trans. Date <input type="text"/>	<input type="text" value="Select Facility"/>
2081156	Walling, Dry	Male	7/3/2010	1	4	<input type="text"/>	<input type="radio"/> Out (code 2) <input type="radio"/> In (code 10)	Trans. Date <input type="text"/>	<input type="text" value="Select Facility"/>

DUNN MEMORIAL HOSPITAL has reported: Code = 4(NICU) Screened = N/A Refer to = N/A

Transfer History

# Statistical Data

- After holdovers have been processed and all exceptions entered for babies born in that month, go to 3) Statistical Data.

Go To: << Back | 1) Hold Overs | 2) Exceptions | **3) Statistical Data** | 4) Summary Data | Next >> | HOME

- Enter the appropriate data on lines 1, 2 and 3. You have to start with the number of live births that month.

**Statistical Data**

After setting the new codes for Hold Over children from the previous reporting period and after entering information on the Exception Reporting From for this reporting period, please respond to the following four questions.

100	1. Total Number of Live Births in your facility during the data month/year indicated.
0	2. Total Number of Home Births receiving UNHS at your facility during data month/year indicated.
0	3. Total Number of Walk-ins (not including Home Births) receiving Newborn <b>Hearing</b> Screening at your facility during data month/year indicated.
100	4. Subtotal of lines 1 + 2 + 3.
98	5. Total number of children on line 4 who passed the UNHS screen and had no risk factors. ?

- Click the pencil icon next to line 5 to calculate.

# Summary Data Page

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- Numbers on this page are calculated automatically after the statistical analysis page is completed.

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | HOME

- The top section describes the **possible** screenings, and the bottom section describes the **actual** screenings based on the data provided on the previous pages.
- The totals on line 9 in the top section and line 6 in the bottom section must be equal in order for your report to be considered reconciled and for the MSR to be submitted (see next slide).
- When all data has been entered for the given month and the summary data page adds correctly, the following sentence will be displayed: "Click submit data now."

# Submitting a Report

## MONTHLY SUMMARY REPORTING JUN - 2020



**DATA CONFIRMATION AND SUBMISSION**  
You have not set the New Code for one or more of the Hold Overs from previous MSR.  
You cannot submit an MSR before the first of the month following the reporting period.  
The number of possible screens does not match the actual screens completed.



**Possible Screenings (your facility should have conducted during this reporting period based on reported and calculated values).**

1.	Number of Live Births in your facility.	0
2.	+ Number of Home Births receiving Universal Newborn <b>Hearing</b> Screening at your facility.	0
3.	+ Number of Walk-ins (not including Home Births) receiving UNHS at your facility.	0
4.	+ Number of Hold-Overs processed from last reporting period.	8
5.	+ Number of unscreened children Transferred In (to your facility, from another facility) plus the number of Previously Unreported Children (PUC).	1
6.	<b>Sub total: Possible Universal Newborn Hearing Screenings.</b>	<b>9</b>
7.	- Number of children reported this reporting period that should be screened next reporting period.	0
8.	- Number of children not screened (eg. Death, Hospital Error, Equipment Failure, Unauthorized Refusal, Religious Refusal)	0
9.	<b>TOTAL: Possible Universal Newborn Hearing Screenings</b>	<b>9</b>

**Actual Screenings.**

1.	Total number of children included in lines 1, 2, and 3 above who passed the UNHS screen and had no risk factors.	0
2.	+ Number of children reported this reporting period that PASSED UNHS.	8
3.	+ Number of children reported this reporting period that PASSED UNHS and have Risk Factors for delayed onset hearing loss.	0
4.	+ Number of children reported this reporting period that Did NOT PASS UNHS.	4
5.	+ Number of children reported this reporting period that Did NOT PASS UNHS and have Risk Factors for delayed onset hearing loss.	0
6.	<b>TOTAL Universal Newborn Hearing Screenings reported this reporting period.</b>	<b>12</b>

**If you will be making additional updates to this MSR, submit the data LATER**  
**If this information is incomplete or inaccurate, please REVIEW and CORRECT the entered data.**

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | HOME

Line 9 and line 6 must be the same.  
Messages in red at the top will alert you to possible reasons for discrepancies

# Summary Data Page—Helpful Hints

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If lines 6 and 9 on your Summary Data Page are not equal, you should:

- Check to ensure all holdovers have been updated on your holdovers page.
- Recalculate the statistical data page by clicking the pencil next to line 5.
- Check to see if a baby shows up twice on your exceptions page. If a duplicate record exists, click the “X” at the end of BOTH entries. This will return the baby to the Holdover page:
  - Update the status again on the holdover page with the correct code.
  - Contact Stacy Allgeier ([sallgeier@isdh.in.gov](mailto:sallgeier@isdh.in.gov)) or Suzanne Foley ([sfoley@isdh.in.gov](mailto:sfoley@isdh.in.gov)) if you cannot resolve the issues.



# Submitting a Report

MONTHLY SUMMARY REPORTING FEB - 2021

DATA CONFIRMATION AND SUBMISSION

Possible Screenings (your facility should have conducted during this reporting period based on reported and calculated values).

1. Number of Live Births in your facility.	166
2. + Number of Home Births receiving Universal Newborn <b>Hearing</b> Screening at your facility.	1
3. + Number of Walk-ins (not including Home Births) receiving UNHS at your facility.	0
4. + Number of Hold-Overs processed from last reporting period.	22
5. + Number of unscreened children Transferred In (to your facility, from another facility) plus the number of Previously Unreported Children (PUC).	4
6. <b>Sub total:</b> Possible Universal Newborn <b>Hearing</b> Screenings.	193
7. - Number of children reported this reporting period that should be screened next reporting period.	15
8. - Number of children not screened (eg. Death, Hospital Error, Equipment Failure, Unauthorized Refusal, Religious Refusal)	0
9. <b>TOTAL:</b> Possible Universal Newborn <b>Hearing</b> Screenings	178
<b>Actual Screenings.</b>	
1. Total number of children included in lines 1, 2, and 3 above who passed the UNHS screen and had no risk factors.	150
2. + Number of children reported this reporting period that PASSED UNHS.	19
3. + Number of children reported this reporting period that PASSED UNHS and have Risk Factors for delayed onset hearing loss.	4
4. + Number of children reported this reporting period that Did NOT PASS UNHS.	5
5. + Number of children reported this reporting period that Did NOT PASS UNHS and have Risk Factors for delayed onset hearing loss.	0
6. <b>TOTAL</b> Universal Newborn <b>Hearing</b> Screenings reported this reporting period.	178

If you will be making additional updates to this MSR, submit the data **LATER**

If this information is incomplete or inaccurate, please **REVIEW** and **CORRECT** the entered data.

If **ALL** of the data for the reporting period has been correctly entered, please **SUBMIT** the data now.

Please **Do Not** click the Submit button until all of the data has been entered for the reporting period.

No additional updates may be made without special administrative approval after the MSR has been submitted.

Go To: << Back | 1) Hold Overs | 2) Transfers In | 3) Exceptions | 4) Statistical Data | 5) Summary Data | Next >> | HOME

When your numbers are correct,  
you will be able to submit your  
report by clicking here.

# EHDI Process—What Happens Next?

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Birth hospital completes hearing screening

## **Did not pass/Refers**

Hospital reports to EHDI and refers baby directly to diagnostic audiology facility for testing.\*\*

EHDI is alerted and our staff contacts families to make sure a follow-up appointment is scheduled and maintained.

Letters are sent to PCP and family for one year to make sure baby receives diagnostic testing.

**Pass with Risk Factors:** Letters are sent to family and PCP immediately after birth with recommendation for baby to receive hearing test in 9-12 months. Family is also sent a reminder letter when baby is 7 months of age.

\*\*A few hospitals provide outpatient rescreens. If you are one of these sites, be sure the EHDI program is aware you provide these services and are following reporting protocols.

# Quality Indicators for UNHS

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**Screening rate:** 95% of babies born in your hospital should receive a newborn hearing screen.

**Refer rate:** How many babies DNP/live births  
Goal = 1-4%

**Pass with risk factors:** Approximately 10/500 births

**Reporting on time: 100% (12/12 months)**

Complete the MSR report by the 15<sup>th</sup> of the following month

Did not pass exceptions must be entered within 5 days!

# Quality Assurance Measures

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Indiana EHDI completes several quality assurance measures throughout the year to find children who may have missed receiving a hearing screening or who were not reported to EHDI. The two measures are called the **Data Audit Tool** and **Conflicting Heelstick report**. You will receive requests from us periodically for the following reasons:

- The Data Audit Tool is done monthly. You will receive an email from EHDI alerting you of the list of babies with no hearing screen information on the Heelstick card. The Data Audit Tool is entered in Instep (Gateway), and access will be provided to you when you enroll in EARS.
- The Conflicting Heelstick report is sent to you via fax or secure email with a list of babies who have hearing screening results different from what was reported on the heelstick card copy sent to the lab. We will request that you review the results of those babies in their medical record and return the accurate screening results to us via fax or secure email.

# Data Audit Tool (DAT)

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A Parent Consultant will send you email reminders (see example below) to complete the Data Audit tool if you have babies that need to be updated. We appreciate your prompt attention in entering the newborn hearing screening data as soon as possible.

**From:** INSTEP <[ISDHAppsNoReply@isdh.in.gov](mailto:ISDHAppsNoReply@isdh.in.gov)>  
**Sent:** [REDACTED]  
**Subject:** Data Audit Tool Email Reminder

Dear NBS Data Audit Tool User,

ISDH Newborn Screening (NBS) program has uploaded a new set of records to the ISDH Gateway secure website. These records have missing or incomplete information related to heel-stick and hearing screen data submitted by your hospital. Please use this website to access and complete the missing data fields on-line.

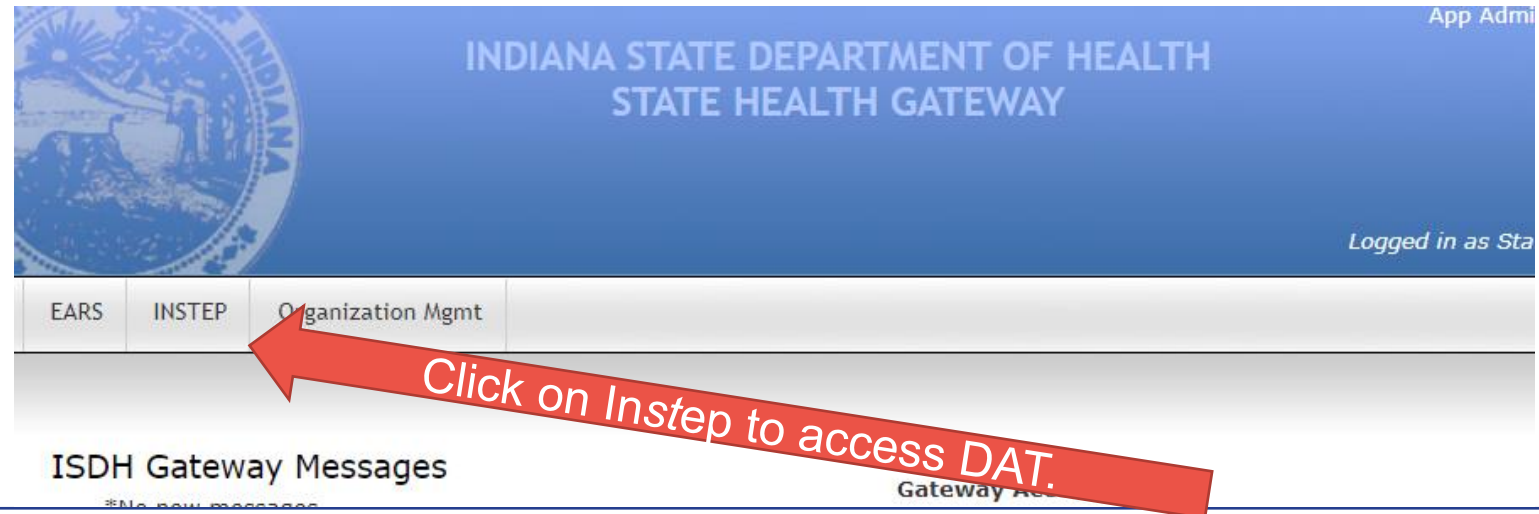
After completing each record, please check the 'is audited' box on the left bottom of the record before clicking the 'update record' button.

Your cooperation in this endeavor is greatly appreciated. The information your facility provides will directly improve the services provided to all infants born in the state of Indiana and their health care providers. If you have any questions, please feel free to contact me at 317-232-0888 or [jswaim@isdh.in.gov](mailto:jswaim@isdh.in.gov)

# Data Audit Tool (DAT) Access

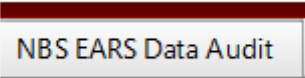
The Early Hearing Detection and Intervention Program is responsible for obtaining newborn hearing screening data on every baby born in Indiana; therefore, we need your help to enter the information for the babies listed in the DAT.

To complete the DAT, we have given you access to this report in Instep, which should be an option for you when you log into your Gateway account to access EARS. If you do not have this access, please contact Stacy Allgeier at [sallgeier@isdh.in.gov](mailto:sallgeier@isdh.in.gov) or 317-233-1264.



# Data Audit Tool (DAT) Entry

Once you are in Instep, click on the NBS EARS Data Audit tab.



Your hospital will be preselected and a list of babies without newborn hearing screening information will be shown. By default, Unaudited will be selected. Click Edit for each child, and a window will open where you can enter the missing newborn hearing screening information.

Select Organization and Status

Organization :

Status : ☒ Unaudited (1) ☐ Unaudited Personal (0) ☐ Unaudited Screening (1) ☐ Unaudited Completed (0) ☐ Audited (0) ☐ All (1)

☐ Filter by DOB

NBS Audit Data

Audit Selected Kids

Refresh

<input type="checkbox"/> IsAudited	ORGANIZATION	PID	MRN	LAST	FIRST	DOB	Time Of Birth	DATE LEFT EAR	RESULT1 LEFT EAR	DATE RIGHT EAR	RESULT1 RIGHT EAR	NOTES	<input type="button" value="Edit"/>
<input type="checkbox"/>													

Page size: 45

# Data Audit Tool (DAT)

<input type="checkbox"/> IsAudited	ORGANIZATION	PID	MRN	LAST	FIRST	DOB	Time Of Birth	DATE LEFT EAR	RESULT1 LEFT EAR	DATE RIGHT EAR	RESULT1 RIGHT EAR	NOTES
<input type="checkbox"/>												<a href="#">Edit</a>

Update Audit record

PID  First Name  Last Name

MRN  DOB

Date Left  Result Left  Time Of Birth

Date Right  Result Right  Notes :

Is Audited? ☐

Page size: 45

After entering the information, click the box next to **Is Audited?** Then click **Update Record** to finalize this baby. Your Unaudited child list will reduce each time you audit and update a record. Our goal is to have all babies Audited by 3 months of age.

**\*Only use this page for Pass/Pass entries. If a baby is considered an exception of any type, that baby must also be entered on your MSR exceptions page. Note the status in the notes section and update record.**



# EHDI Loss to Follow-up

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*Hundreds of babies per year in Indiana do not pass UNHS and yet do not get audiology diagnostic testing.*

*Effective hearing screening, immediate reporting and referral to audiology are critical to ensuring children have the best outcomes possible.*

*Hospital screenings are the first step of the process.*

# Reducing Lost to Follow-up Tips

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- Use an interpreter if needed.
- Provide results and information in the parent's native language if possible.
- Make sure the referral for diagnostic testing is made prior to discharge. Use the EHDI Comprehensive Audiology provider list found on [www.hearing.in.gov](http://www.hearing.in.gov).
- Assure parents know where and when the appointment is scheduled or which audiology facility will contact them. Provide parents with the facility name, location and phone number. Advise family to call the audiology provider if they have not heard back regarding a follow-up appointment within one week.
- Verify the parents' contact information, and obtain an alternative contact when possible.
- Verify the PCP who will see the baby after discharge, and communicate results to their office.
- Communicate results to the Indiana EHDI Program through your MSR **within 5 days for did not pass babies.**

# Resource List

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## **Indiana Resources:**

*Indiana EHDI*

*Center for Deaf and Hard of Hearing Education*

*Indiana Hands and Voices*

*Mom's Helpline*

[www.hearing.in.gov](http://www.hearing.in.gov)

[www.cdhhe.in.gov](http://www.cdhhe.in.gov)

[www.inhandsandvoices.org](http://www.inhandsandvoices.org)

[MCHMOMSHelpline@isdh.in.gov](mailto:MCHMOMSHelpline@isdh.in.gov)

## **National Resources:**

Joint Commission on Infant Hearing:

American Academy of Pediatrics

EHDI National Technical Resource Center (NTRC)

Hands and Voices

[www.jcih.org](http://www.jcih.org)

[www.aap.org](http://www.aap.org)

[www.infanthearing.org](http://www.infanthearing.org)

[www.handsandvoices.org](http://www.handsandvoices.org)

# You are appreciated!

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Thank you and your staff for all you do for the families of Indiana!



# Contact List

*If questions arise after this initial training, consult the EARS User Guide or contact Indiana EHDI.*

**Suzanne M. Foley, Au.D., CCC-A**  
***Doctor of Audiology***

Director

Office: 317-232-0972

Mobile: 317-339-1328

Fax: 317-925-2888

[sfoley@isdh.in.gov](mailto:sfoley@isdh.in.gov)

**Stacy Allgeier**  
***Follow-up Coordinator***

Office: 317-233-1264

Mobile: 317-832-3964

Fax: 317-925-2888

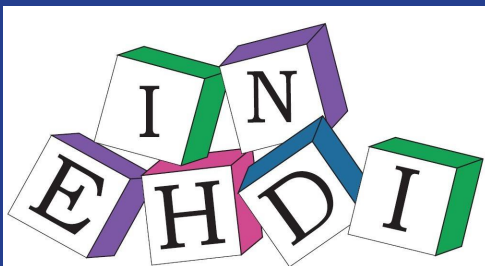
[sallgeier@isdh.in.gov](mailto:sallgeier@isdh.in.gov)

[www.hearing.in.gov](http://www.hearing.in.gov)

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***Consultant***

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EARLY HEARING DETECTION  
AND INTERVENTION  
[www.hearing.in.gov](http://www.hearing.in.gov)

